

Kentucky Medicaid EHR Incentive Program Frequently Asked Questions (FAQ)s

1. Who implements the Kentucky Medicaid EHR Incentive Program and what is it?

The Kentucky Cabinet for Health Services (CHFS) Department for Medicaid Services (DMS) is implementing the Kentucky Medicaid EHR Incentive Program. This program is designed to give Medicaid Eligible Professionals (EPs) up to \$21,250 to adopt, implement, or upgrade a certified Electronic Health Record (EHR) system, and an additional \$42,500 over the following five years for the meaningful use of a certified EHR system according to the requirements developed by the Centers for Medicare and Medicaid Services (CMS) (<http://www.cms.gov/EHRIncentiveprograms/>) and DMS (<http://chfs.ky.gov/dms/ehr.htm>).

2. Who qualifies as a Medicaid Eligible Professional (EP)?

EPs are Medicaid enrolled non-hospital-based physicians, dentists, pediatricians, nurse practitioners, certified nurse midwives, and optometrists. Additionally, physician assistants practicing in a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) directed by a physician assistant are eligible.

Medicaid Eligible Professionals (EPs)	Patient Volume Over 90-Day Period
Physician (MD, DO)	30 percent Medicaid
Dentist	30 percent Medicaid
Certified Nurse Midwife	30 percent Medicaid
Nurse Practitioner	30 percent Medicaid
Physician Assistant (PA) in a Rural Health Clinic or FQHC led by PA	30 percent Medicaid
Optometrist	30 percent Medicaid
Pediatrician	20 percent Medicaid

3. How will Medicaid EPs apply for the Kentucky Medicaid EHR Incentive Program?

Providers are required to begin by registering at the National Level Registry (NLR) with the Medicare and Medicaid registration and attestation system. The official CMS website for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>.

4. I am completing my attestation on the Kentucky Medicaid EHR Incentive Program Web site, but it will not accept the CMS EHR Certification ID of my EHR?

The CMS EHR Certification ID number can be obtained from the website at <https://chpl.healthit.gov/#/search>. Please follow the steps below:

- Start by searching the list of certified products by product name, vendor name, or CHPL product number.
- Select +Cert ID
- View progress of product.
- Select “Get Certification ID” button.

Kentucky Medicaid EHR Incentive Program Frequently Asked Questions (FAQ)s

In 2017 and 2018, providers can choose to use technology certified to the 2014 Edition, 2015 Edition, or a combination of the two.

5. Do Eligible Hospitals (EHs) and EPs need to have an enrollment record in PECOS, and if so, how do they get one?

All EHs must have an enrollment record in PECOS to participate in the EHR Incentive Programs (EPs who are only participating in the Kentucky Medicaid EHR Incentive Program are not required to be enrolled in PECOS.) To get enrolled in PECOS or to see if you have an enrollment record, please visit the PECOS Web site at <https://pecos.cms.hhs.gov/pecos/login.do>.

6. When will providers begin receiving incentive payments for using certified EHRs?

Kentucky began making incentive payments to EPs and EHs who met the requirements of the Kentucky Medicaid EHR Incentive Program in January 2011.

7. Does DMS have a user manual for the providers?

Yes. The Meaningful Use Manual as well as the Patient Engagement, Public Health and HIE objective guidances can be found under the title "Manuals and Publications" on the right side of the page at <http://chfs.ky.gov/dms/ehr.htm>.

8. What is the payment schedule for Medicaid EPs, as well as the payment amounts?

The maximum incentive payment an EP can receive from Kentucky Medicaid is \$63,750, over a period of six years, or \$42,500 for pediatricians with a 20-29 percent Medicaid patient volume. EPs will receive \$21,250 the first year and \$8,500 for each of the remaining five years. If utilizing the 20-29 percent threshold for pediatricians, \$14,167 will be paid the first year with \$5,667 being paid for each of the remaining five years.

9. What is the payment schedule for Medicaid EHs?

The payment for a EH is contingent on the hospital's annual attestations and registrations, the aggregate hospital incentive payment amount over a period of three annual payments. In the first year, if all conditions for payment are met, 50 percent of the aggregate amount will be paid to the EH. In the second year, if all conditions for payment are met, 40 percent of the aggregate amount will be paid to the EH. In the third year, if all conditions for payment are met, 10 percent of the aggregate amount will be paid to the EH.

10. Are EPs with lower patient volumes eligible for the incentive payments?

EPs must have at least 30 percent patient volume attributable to Medicaid. Pediatricians must have a Medicaid patient volume of 20 percent to be eligible. Also, EPs practicing predominantly in a RHC or FQHC can qualify for incentive payments with a 30 percent "needy individuals" patient volume threshold.

Kentucky Medicaid EHR Incentive Program Frequently Asked Questions (FAQ)s

11. What defines a "needy individual?"

A "needy individual" is defined as an individual who receives medical assistance from Medicaid or the Children's Health Insurance Program (CHIP); or is furnished uncompensated care by the provider; or is furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

12. If an EP in the Medicaid EHR Incentive Program wants to leverage a clinic or group practice's patient volume as a proxy for the individual EP, how should a clinic or group practice account for EPs practicing part-time and/or applying for the incentive through a different location (e.g., where an EP is practicing both inside and outside the clinic/group practice, such as part-time in two clinics)?

EPs may use a clinic or group practice's patient volume as a proxy for their own under four conditions:

- a. The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- b. The EP must be with the clinic or group practice at least 50% of the 90 day reporting period;
- c. There is an auditable data source to support the clinic's patient volume determination and;
- d. As long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EPs may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

13. Can organizations register for the Kentucky Medicaid EHR Incentive Program on behalf of their EPs?

There is nothing preventing this. Any organization registering on behalf of EPs would need to have an Identity and Account (I&A) Management user ID and password.

14. Will a provider who doesn't enroll in the Kentucky Medicaid EHR Incentive Program and/or who doesn't meet meaningful use requirements be penalized?

If a provider is eligible to participate in the Medicare EHR Incentive Program, they must demonstrate meaningful use in either the Medicare EHR Incentive Program or in the Medicaid EHR Incentive Program, to avoid a payment adjustment. Medicaid providers who are only eligible to participate in the Medicaid EHR Incentive Program are not subject to these payment adjustments.

Kentucky Medicaid EHR Incentive Program Frequently Asked Questions (FAQ)s

15. Can an EP receive both the Medicaid EHR payment incentive as well as the Medicare EHR payment incentive?

No, EPs may receive an incentive payment from either Medicaid or Medicare, but not both.

16. When is the last year an eligible provider can initiate participation in the Medicaid EHR incentive program?

The last program year an eligible provider could initiate participation was 2016. Initiate participation is defined as submitting a completed attestation.

17. What if my EHR system costs much more than the incentive the government will pay? May I request additional funds?

The EHR final rule does not provide for incentive payments beyond the limits established by the legislation, regardless of the cost of the EHR system chosen by EPs or EHs. The purpose of the incentive payments is to encourage the adoption and meaningful use of certified EHR technology, not to act as a direct reimbursement.

18. Do EPs use the calendar year or the federal year for demonstrating meaningful use for 90 days?

Starting in 2015, the EHR reporting period for EPs, EHs, and CAHs began being based on the calendar year. Also, the 90-day meaningful use period must be started and completed within the program year with no overlapping.

19. Can EPs work at locations other than hospitals and private practices (such as nursing homes, for example) and receive the incentive payments?

Nursing homes are not eligible. The following types of institutional providers are eligible for EHR incentive payments under Medicaid, acute care hospitals (which include CAHs and cancer hospitals) and children's hospitals. EPs also can choose to assign their incentive payments to their employer provided they meet the applicable criteria.

20. If the owner of a practice is spending the money for adopting, implementing and upgrading a certified EHR, are the incentive payments paid to the practice or the individual providers within the practice?

As per the Final Rule, which regulates the Medicaid EHR Incentive program, identifies the program as an individual professional program. Although a provider can designate a practice to receive the incentive funds on their behalf, it is up to the provider to make this decision. The practice or medical group cannot claim the money or make the decision for the provider, even if the EHR system belongs to the practice.

Kentucky Medicaid EHR Incentive Program Frequently Asked Questions (FAQ)s

21. What defines a hospital-based professional?

An EP is considered hospital-based if 90 percent or more of their services are performed in a hospital inpatient or emergency room setting (POS 21/23). Physicians who primarily work in inpatient and emergency room settings are excluded from the Kentucky Medicaid EHR Incentive Program.

22. Does the provision requiring that States pay the incentive “without deduction or rebate” still allow a State to offset mandatory public debt collection (e.g., wage garnishment and claims overpayments) with the incentive?

The requirement that the incentives be passed to providers “without deduction or rebate” refers to requiring that the State not use the incentive payment to pay for its own program administration or to fund other State priorities. However, where there are public debts under a collection mandate, CMS considers the incentive as paid to the provider, even when part or all of the incentive may offset public debts. States should apply the same process that they use for other payments to providers in order to recoup public debts. Please note that the State of Kentucky does not subject EHR incentive payments to State debt.

23. What is the ONC?

The Office of the National Coordinator for Health Information Technology (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. The ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS). The position of National Coordinator was created in 2004, through an Executive Order, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009.

24. How does an organization become an ONC Authorized Testing and Certification Bodies (ONC-ATCB)?

An organization must submit an application to the National Coordinator to demonstrate its competency and ability to test and certify EHR technology (complete EHRs and/or EHR Modules). Once authorized, ONC-ATCBs are required to comply with the principles and conditions applicable to the testing and certification of EHR technology as specified in the temporary certification program final rule.

25. Where can I find the list of ONC-ATCBs?

The list of ONC Authorized Testing and Certification Bodies is available on the ONC Web site at <https://www.healthit.gov/policy-researchers-implementers/authorized-testing-and-certifications-bodies>.

Kentucky Medicaid EHR Incentive Program Frequently Asked Questions (FAQ)s

26. What is Meaningful Use?

The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:

- a. The use of a certified EHR in a meaningful manner.
- b. The electronic exchange of health information to improve quality of health care.
- c. The use of certified EHR technology to submit clinical quality and other measures.

Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

27. What are the requirements for attesting to Meaningful Use?

All providers are required to attest to a single set of objectives and measures for Modified Stage 2 and Stage 3. This replaces the core and menu objectives structure of previous stages. For EPs attesting to Modified Stage 2, there are 10 objectives, including one consolidated public health reporting objective, while EPs attesting to Stage 3, there are 8 objectives also including one consolidated public health reporting objective. For EHs, there are 8 objectives, including one consolidated public health reporting objective. Please visit the CMS website for more information on Meaningful Use and Clinical Quality Measures at

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

28. Who is the Public Health Authority for Kentucky?

The Public Health Authority for Kentucky is the Kentucky Health Information Exchange (KHIE). KHIE enables safe, secure electronic exchange of patient health information among participating providers and organizations throughout the state. Connection to KHIE is required in order to meet the public health objectives for participation in the Medicaid EHR Incentive Program. They can be contacted at <http://khie.ky.gov/pages/index.aspx>.

29. I have completed participation in the Kentucky Medicaid EHR Incentive Program, what do I do next?

Eligible hospitals (EHs) and critical access hospitals (CAHs) are eligible to participate in the Kentucky Medicaid EHR Incentive Program a maximum of three years. While eligible professionals (EPs) are eligible to participate a maximum of six years. Once a provider has completed all eligible years of participation, you are no longer required to submit an attestation to the Kentucky Medicaid EHR Incentive Program. However, providers are encouraged to participate in other programs available.

The Quality Payment Program (QPP) helps providers focus on care quality and making patients healthier. QPP also ends the Sustainable Growth Rate formula and gives the provider new tools, models, and resources to help give their patients the best possible care. Providers may select to participate in the Advanced Alternative Payment models (APMs) or the Merit-

Kentucky Medicaid EHR Incentive Program Frequently Asked Questions (FAQ)s

based Incentive Payment System (MIPS). If you participate in an Advanced APM, through Medicare Part B you may earn an incentive payment for participating in an innovative payment model. If you participate in MIPS, you will earn a performance-based payment adjustment. To check your participation status and for more information, providers can visit <https://qpp.cms.gov/>.

For additional FAQs, please visit the CMS FAQs at <https://questions.cms.gov/>